

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF PENNSYLVANIA
CMR *Franklin D. Roosevelt, mon*

13 1414

(In the space above enter the full name(s) of the plaintiff(s).)

- against -

C. O. Philadelphia
Prob. Commissioner & Detectives
Warden - Union Friends
C.O. SAWI
C.O. Coleman
J. Lynch
C.O. McPhail
Unknown

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in ~~PAW~~ Addresses should not be included here.)

MAR 18 2013

RECEIVED *Plaintiff* in this complaint:

A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name Franklin D. Roosevelt

ID # 8/10

Current Institution Lancaster County Detention Center

Address 162 Franklin Street

Lancaster PA 17606

COMPLAINT

under the
Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)

Jury Trial: Yes No
(check one)

B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name C.I. of Philadelphia Shield # _____

Where Currently Employed _____

Address _____

Defendant No. 2 Name Commissioner of Prisons Shield # _____

Where Currently Employed City of Philadelphia

Address _____

Defendant No. 3 Name C.I. of Philadelphia Shield # _____

Where Currently Employed Curran-Fromhold Prison

Address 7901 State Rd
Phila Pa

Defendant No. 4 Name C.O. Sam Shield # _____

Where Currently Employed Curran-Fromhold Prison

Address 7901 State Rd
Phila Pa

Defendant No. 5 Name C.O. Coleman Shield # _____

Where Currently Employed Curran-Fromhold Prison

Address 7901 State Rd
Phila Pa

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur?

Curran-Fromhold Prison

B. Where in the institution did the events giving rise to your claim(s) occur?

Guaranty and Extradition building
12/1/12 - 1/5/13

C. What date and approximate time did the events giving rise to your claim(s) occur?

See above

Page 2 B

C.O. Lynch
7901 State Rd
Curran Frumhold Prison
Phila Pa

C.O. Melton
Curran Frumhold Prison
7901 State Rd
Phila Pa

What
happened
to you?

D. Facts:

See attached

Who
did
what?

See attached

Was
anyone
else
involved?

See attached

Who else
saw what
happened?

See attached

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

1. I am not able to get into the shower because of the water.

2. I am not able to get into the shower because of the water.

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

D. Facts Cont

Claim 3

I attended extradition hearing in prison on 12/11/12. At hearing I was prevented from address court or having free and unfettered discourse with my attorney by C.O. Lynch. Several other prisoners were subject to some restrictions and witnessed the denial of my constitutional rights.

This behavior on the part of C.O. Lynch is consistent with the pervasive and persistent disregard of the health and welfare as well as the constitutional rights of this prisoner.

Claim 4

On 12/11/12 C.O. Mellon deliberately caused me to urinate on myself. There is no toilet access in the day room and C.O. Mellon refused me access to the bathroom. This event was witnessed by prisoner Luciano.

This behavior by C.O. Mellon is consistent with the callous disregard for the health and welfare of this prisoner and disregard of his constitutional rights.

Philadelphia Prison System

Inmate Grievance Form

Check box only if grievance is regarding Medical Services Name Frank Prillerman
Intake Number 448523Housing Unit D22
Police Photo Number 448523Description of Grievance, Incident or Problem
(include date and time of incident)

On 12/11/12 I was sent to an extradition hearing. When I arrived C.D. Lynch informed me and several other prisoners that we were not to address the Court at all. Also we were to say "yes" to every question asked by PD. As a prisoner I had to obey C.D. Lynch's direct order or be disciplined. Also on 12/11/12 I informed CO Melton that am 62 yrs old with bladder problem, I asked to use bathroom, she refused. A short time later I begged to use bathroom. She told me to piss in shower, I believe this would have caused fight with other prisoners. I urinated on myself and was utterly humiliated and ridiculed by other prisoners

Action Requested by Inmate:

Turn back clock and protect my constitutional rights against cruel and unusual punishment!
The 4th, 5th, 6th and 14th Amendments to U.S. Constitution

See: Continuation of Grievance - Page 2 Yes No

Describe how and when you tried to resolve this Grievance informally.

Date that you are depositing this Grievance in a grievance box:

Frank Prillerman11/13/13

(Signature of Grievant)

(Date)

D. Facts cont.

On or about 12/20/13 an unmedicated dangerous paranoid schizophrenic was placed in the cell share by myself and Edward Madden, by C.O. Sorm.

This mentally ill inmate threatened my life and welfare over a 3 day period, his name was I believe Clark Portillo. The placement of this dangerous individual is representative of a pattern of pervasive and persistent disregard of the health and welfare of this prisoner.

The plaintiff was continually subjected to threats of harm and to life over 3 to 4 days before mentally ill person was removed despite three confrontations with C.O.s and several requests by me and Ed Madden. ~~He~~ to C.O. Sorm and C.O. Coleman

Philadelphia Prison System

Inmate Grievance Form

Check box only if grievance is regarding Medical Services

Name Frank Prillermon Housing Unit D 22
 Intake Number 448523 Police Photo Number 448523

Description of Grievance, Incident or Problem
 (include date and time of incident)

On or about 12/20/12 while in quarantine Edward Madden and I were forced to be ~~re~~ locked in the cell during the day and night with a violent and dangerous unmedicated paranoid schizophrenic as described in the DSM IV. Despite several requests to C.DISM, C.O. Coleman and another C.O. this person (Clark Portino) was not removed. It took 3 confrontations with C.O.s before this was accomplished. C.O. Coleman said I deserved to be housed with this person because I was in jail. Also when I complained to CO Coleman about chest pains due to access stress he told me to drink cold water. Clarke Portino threatened the life of myself and Edward Madden.

Action Requested by Inmate:

Turn back the clock and restore my protection against cruel and unusual punishment and rights guaranteed under the 4th, 5th, 6th and 14th amendments

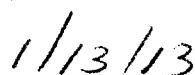
See: Continuation of Grievance - Page 2 Yes No

Describe how and when you tried to resolve this Grievance informally.

Date that you are depositing this Grievance in a grievance box:



(Signature of Grievant)



(Date)

D Facts

From 1 By order of Warden I was taken from cell C23 at 3 am on 1/5/13 and placed in isolation in a sleep deprivation cell. I was disposed of all my belongings save the clothes I was wearing. I was in said condition for 61 hrs. I did not receive a hot meal or drink during this period. I was observed in this condition by several C.O.'s working transport.

Leaving me in this condition for an extended period represents cruel and unusual punishment and a persistent and pervasive disregard for the constitutional rights, health and welfare of prisoners at the institution.

Philadelphia Prison System

Inmate Grievance Form

Check box only if grievance is regarding Medical Services Name FLANK 11/13
Intake Number 448523Housing Unit 022
Police Photo Number 448523Description of Grievance, Incident or Problem
(include date and time of incident)

I was taken from C23 cell at 3 am on 11/5/13 and
brought to receiving room, disposed of all my belongings
save clothes I was wearing. I was placed in isolation
in a sleep deprivation cell for 61 hrs. The cell had
no bunk and the light stayed on 24 hrs. I did not
receive a hot meal or hot drink the entire time.
The temperature was about 60°F. I was
reintegrated into general population at 4 pm
11/7/13. I still need towel, wash cloth, blues
and medication (none since 11/6/13)

Action Requested by Inmate:

I would like protection of constitutional rights
under 5th, 6th and 14th Amendment of U.S.
Constitution on 11/5, 11/6, 11/7 of 2013.

See: Continuation of Grievance - Page 2 Yes No

Describe how and when you tried to resolve this Grievance informally.

Date that you are depositing this Grievance in a grievance box:

1424 Jh Pult11/13/13

(Signature of Grievant)

(Date)

Distribution: 1. Deputy Warden for Administration 2. Warden 3. Inmate's Receipt of Filing

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes No

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Currin Frumholz Prison

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes No Do Not Know

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes No Do Not Know

If YES, which claim(s)? _____

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes No

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes No

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

Currin Frumholz Prison

1. Which claim(s) in this complaint did you grieve? *101*

2. What was the result, if any? *Decision*

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. *Appealed before grievance answered*

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: _____

2. If you did not file a grievance but informed any officials of your claim, state who you informed, when and how, and their response, if any: _____

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. _____

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). *Plaintiff ask \$250,000.00
for relief. Also plaintiff ask that
video hearings be discontinued at prison in that
they are discriminatory and abuse the
constitutional rights of prisoners. That
bathrooms be available to prisoners in dayrooms
This legal fee and Court cost.*

VI. Previous lawsuits:

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes No

B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2 Court (if federal court, name the district; if state court, name the county) _____

3 Docket or Index number _____

4 Name of Judge assigned to your case _____

5 Approximate date of filing lawsuit _____

6. Is the case still pending? Yes No

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?)

C. Have you filed other lawsuits in state or federal court?

Yes ____ No ____

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ____ No ____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?)

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 11 day of March, 2013

Signature of Plaintiff Jah Paul

Inmate Number A/10

Institution Address Maricopa County Detention

440 Doc Det Ln

Maricopa, I.R. 71256

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 11 day of March, 2013, I am delivering this complaint to prison authorities to be mailed to the Clerk's Office of the United States District Court for the Eastern District of Pennsylvania.

Signature of Plaintiff:

